



SUP # 2014-00103

## Administrative Special Use Permit Application

PROPERTY LOCATION: 108 South Columbus Street #300

ZONE: CL Alexandria, VA 22314

TAX MAP REFERENCE: 074.02-10-23

### APPLICANT'S INFORMATION:

Applicant: Virginia D. Lowe Business/Trade Name: Dr. Virginia D. Lowe, PLLC

Address: 2500 N. Van Dorn St. # 802 Alexandria, VA 22302

Phone: 703-403-7778

Email: JOHN.DOE@THEREALDOE.COM

dringerlowe@gmail.com

### PROPOSED USE:

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Day Care Center  
Light Auto Repair  
Overnight Pet Boarding  
Outdoor Garden Center  
Catering Business  
Valet Parking

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input checked="" type="checkbox"/>

Restaurant  
Outdoor Dining (exclude King Street Retail)  
Live Theater  
Outdoor Food and Crafts Market Center  
Outdoor Display  
Massage Establishment

### Please read and sign after the statement:

I have read and understand the general standards and the requirements for the use for which I am applying and have attached the Worksheet for the use.

Signature: Virginia D. Lowe

### Please submit the following with this application form:

**Site Plan** - At a minimum, show and label the subject property, surrounding buildings, and streets. Show, label and give dimensions for all parking spaces, entrances and exits, and trees and shrubbery.

**Floor Plan** - At a minimum, show and label all interior features inside and outside seats, tables, counters, equipment, etc. as appropriate to the use. Show, label and give dimensions for all entrance and exit doors and windows, rooms/areas, staircases, elevators and bathrooms.

**Worksheet** for specific use from Checklist and Worksheet package.

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PROPERTY OWNER'S AUTHORIZATION

As the property owner, I hereby grant the applicant use of 108 S. Columbus St. # 300  
(property address), for the purposes of operating a Massage therapy and (use)  
Chiropractic business as described in this application.

I also grant permission to the City of Alexandria to visit, inspect, photograph and post placard notice on my property.

Name: Paul BIRCKNER

Phone: 301-449-4399

Address: 6606 Farmer DR.  
Fort Washington, MD 20744

Email: pblackner@verizon.net

Signature: Paul BIRCKNER

Date: 9-22-2014

1. The applicant is the (check one):

- ☐ Owner  
☐ Contract Purchaser  
☒ Lessee or  
☐ Other: \_\_\_\_\_

of the subject property.

State the name, address and percent of ownership of any person or entity owning an interest in the applicant or owner, unless the entity is a corporation or partnership, in which case identify each owner and the percent of ownership.

Virginia D. Lowe  
2500 N. Van Dorn St. #802  
Alexandria, VA 22302

Dr. Virginia D. Lowe, PLC  
100% ownership

If property owner or applicant is being represented by an authorized agent such as an attorney, realtor, or other person for which there is some form of compensation, does this agent or the business in which the agent is employed have a business license to operate in the City of Alexandria, Virginia?

☐ Yes. Provide proof of current City business license

N/A

☐ No. The agent shall obtain a business license prior to filing application, if required by the City Code.

# USE CHARACTERISTICS

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2. Please give a brief statement describing the use:

Therapeutic massage therapy practice (and chiropractic)  
The office will be used to offer both services, based on the needs of the client.  
All services will be provided by Dr. Virginia Lowe.

3. Please describe the proposed hours of operation: (Licensed Chiropractor and Massage Therapist)

Days	Hours
Daily	<del>10-7</del> (By appointment) (VRL)

Or give hours for each day of the week

Monday	closed
Tuesday	closed
Wednesday	10-7 by appt.
Thursday	closed
Friday	10-7 by appt.
Saturday	closed
Sunday	10-7 by appt.

4. Please describe the capacity of the proposed use:

- A. How many patrons, clients, pupils and other such users do you expect? Specify time period (i.e., day, hour, or shift).

approx 8/day (between 10am-7pm)  
\* Sessions lasting between 20 mins and 90 minutes.

- B. How many employees, staff and other personnel do you expect? Specify time period (i.e., day, hour, or shift).

I may consider one employee if needed (reception)  
The shift would either be 10-4pm or 1pm-7pm.

5. A. How many parking spaces of each type are provided for the proposed use:

Street parking

\_\_\_\_\_ Standard and compact spaces  
\_\_\_\_\_ Handicapped accessible spaces  
☒ Other

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APPLICANT'S SIGNATURE

Please read and initial each statement:

Initial: VL THE UNDERSIGNED, hereby applies for a Special Use Permit in accordance with the provisions of Article XI, Section 11-500 of the 1992 Zoning Ordinance of the City of Alexandria, Virginia.

Initial: VL THE UNDERSIGNED, hereby attests that all of the information herein provided and specifically including all surveys, drawings, etc., required to be furnished by the applicant are true, correct and accurate to the best of their knowledge and belief. The applicant is hereby notified that any written materials, drawings or illustrations submitted in support of this application and any specific oral representations made to the Director of Planning and Zoning on this application will be binding on the applicant unless those materials or representations are clearly stated to be non-binding or illustrative of general plans and intentions, subject to substantial revision, pursuant to Article XI, Section 11-207(A)(10), of the 1992 Zoning Ordinance of the City of Alexandria, Virginia.

Virginia D. Lowe  
Print Name of Applicant or Representative

Virginia D. Lowe  
Signature

9/26/2014  
Date

If this application is being filed by someone other than the business owner (such as an agent or attorney), please provide the information below:

Representative's Address:

Phone: \_\_\_\_\_

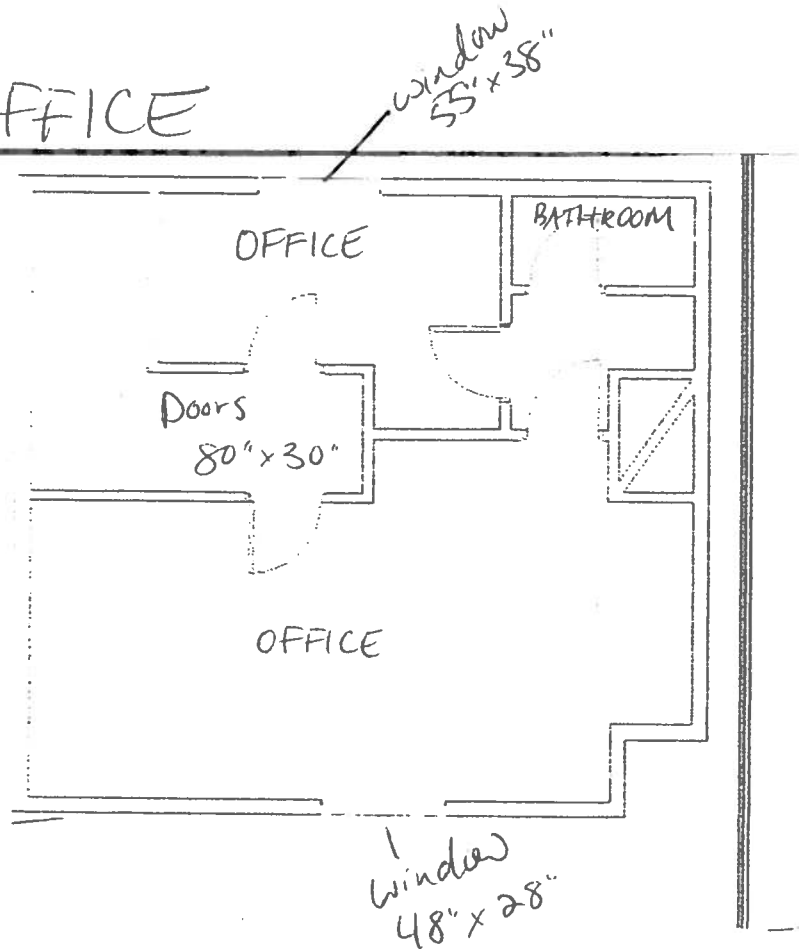
Email: \_\_\_\_\_

Fax: \_\_\_\_\_

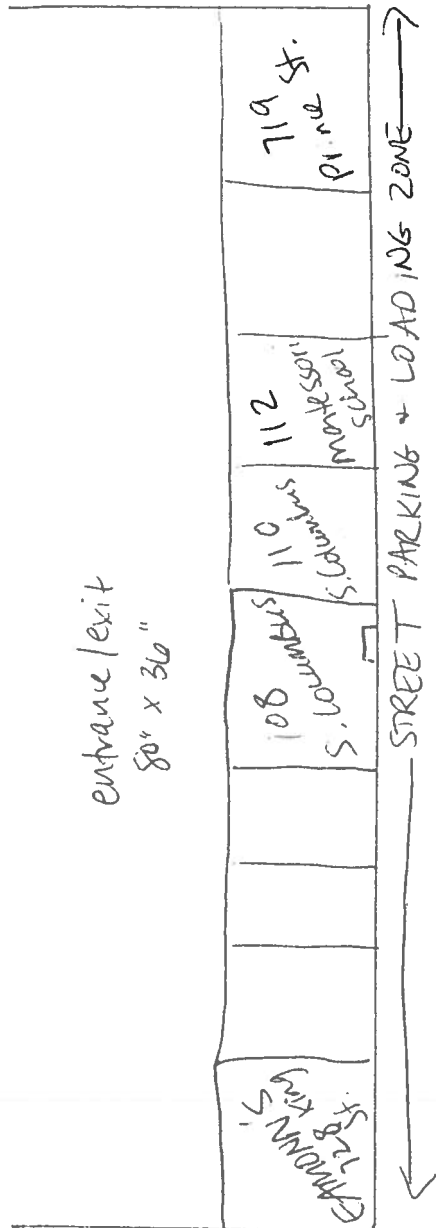
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# FLOORPLAN OF OFFICE

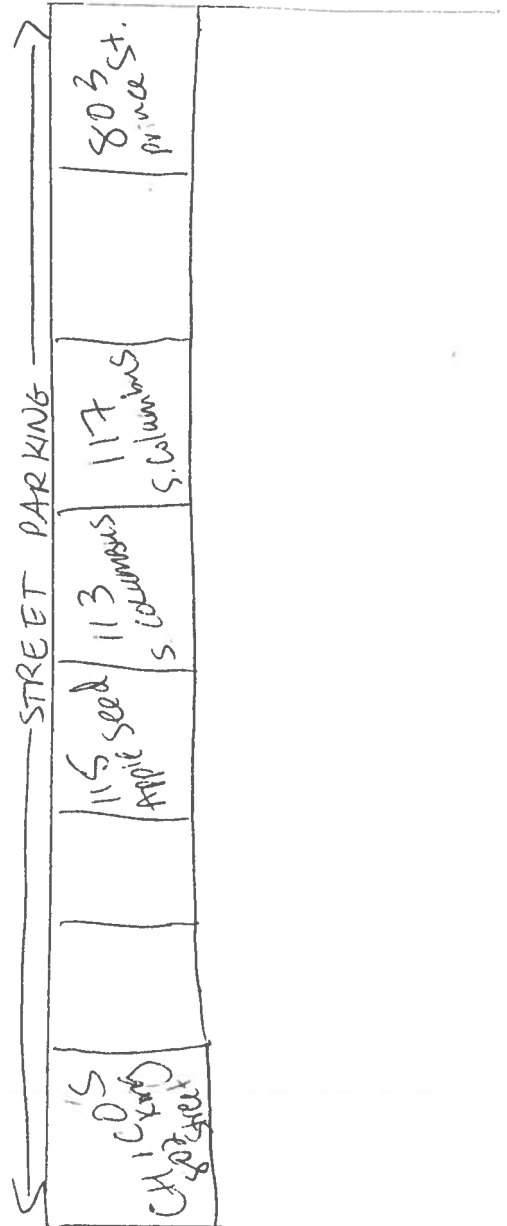
108 S. Columbus St.  
#300  
Alexandria, VA  
22314  
540 sq. feet



PRINCE STREET



SOUTH COLUMBUS STREET



KING STREET